INDIVIDUAL RETURN
Due April 30, 2011

2010 L-1040

<u> </u>				_		Due A	orii 30,	2011										_	_
Your Social	Security	Number	Your firs	t name	)		Initia	Last	name						l I	here if ame	ended retu ending	rn	
Spouse's S	oc Sec N	umber	If joint re	eturn s	pouse's fi	rst nam	e Initia	l Last	name							•		se give Spouse's	Name
Residence	address		1						RESID	DENCY S	STATUS							T-1-1	
										RESIDE			NRFSI	IDENT	PART	/EAR RE	SIDENT	Total number	
City/Town o	r Post Of	fice			State	Zip	Code							years' return				EXEMPTIO	NS
																		from page 2	2
	INCO	ME												From feder	ral return	Exclus Adjustr	sions	Income subject	t to tax
ATTACH		ges, salaries,	tine etc										1			Aujusti	nents	,	
COPY OF		able interest	lips, etc.		DECIDEN	TC ON	V)						2						
				(	RESIDEN	13 ONL	.1)												0
PAGE 1 OF		linary dividend											3						_ 0
FEDERAL		able refunds,		offsets	3								4					NOT TAXABL	
RETURN		nony received											5						0
	6. Bus	siness income	(Attach	сору о	f federal S	Schedul	e C or C	E.)					6						0
	7. Ca	oital gains or I	osses (At	tach co	opy of fed	eral Sch	edule [	).)	Federal	Schedul	e D not	required.	7						0
	8. Oth	er gains or lo	sses (Atta	ch cop	by of feder	al Form	4797.)						8						0
	9. Tax	able IRA distri	butions										9						О
	10. Tax	able pension	distributio	ns (At	tach copy	of For	n 1099-	R.)					10						0
	11. Rer	ntal real estate	, royalties	s, partr	nerships, S	S corpo	rations,	trusts, e	etc. (Att	ach copy	y of fed.	Sch. E.)	11						0
ATTACU	12. Sul	ochapter S co	rporation	distrib	utions (At	tach co	py of fe	deral So	chedule	K-1.) RE	ESIDEN	TS ONLY	12	NOT APPL	ICABLE				o
ATTACH	13. Far	m income or I	oss (Atta	ich cop	y of feder	al Sche	dule F.)						13						o
W-2	14. Un	employment o	ompensa	tion									14					NOT TAXABL	.E 0
FORMS		cial security be											15					NOT TAXABL	
HERE		er income. Lis		d amo	unt T	уре			Amoi	unt \$			16						0
	10. 01	Total additi							741104	απτ φ			- 10						0
	17 Tot		•			10.)							17						0
		al income (Ad							م ملا مدم الم		!								ا
		JCTIONS									basis as	related in	come.						
		deduction (A		-											18		00		
		f Employed S			-										19		00		
	20. Em	ployee busine	ess expen	ses (S	See instruc	tions a	nd attac	h copy	of feder	al Form	2106 or	2106EZ.)			20		00		
	21. Mo	ving expenses	(Into Cit	ty area	only) (At	tach co	py of fe	deral Fo	rm 3903	3.)					21		00		
	22. Alir	nony paid (D	O NOT IN	ICLUDE	E CHILD S	SUPPOF	RT. Atta	ch copy	of page	e 1 of fed	deral ret	urn.)			22		00		
	23. Inte	entionally Blan	k												23		00		
	24.	Total dedu	ctions (Su	ıbtracti	ons) (Add	lines 1	8 throug	h 23.)									24		c
	25.	Total incom	ne after de	eductio	ns (Subtr	act line	24 from	line 17	.)								25		C
	26. Am	ount for exem	ptions. (I	Numbe	er of exem	ptions,_		x \$600)	MUS	Т СОМР	LETE EX	KEMPTION	N SCHE	DULE ON P	AGE 2		26		C
ENCLOSE	27.	Total incom	ne subject	t to tax	(Subtract	line 26	from lin	e 25.)									27		d
CHECK		at (MULTIP	LY LINE 2	27 BY		.01 (F	Residen	)	0. (	005 (Non	n-Reside	nt)	$\bigcirc$	% (Pai	rtial Reside	nt-from tab	ole) 28		
OR		IENTS AN			rs	•		,						`					
MONEY		withheld by y				2 Forms	showir	α tax w	ithheld.)	)					29		00		
		ments on 201		•							sion and	credits fo	rward f	from 2009	30		00		
ORDER		dit for tax paid						-						10111 2000	31		00		
		al payments a				-	-	uicioni	, miac	л сору с	or ourier	city 3 Total	,		01		32		0
	32. 100	ai payments a		•	ine 28) is			monte (	line 32)	VOLLOWA	tay (Er	ntor tay di	ıo )	*DAV	WITH RE	TURN			
	TAX [	DUE			CHECK O										••••		33		c
	OVEF	RPAYMEN	<b>IT</b> 34. I	f paym	ents (line	32) are	larger t	han tax	(line 28	) enter o	verpayn	nent					34		o
	DON	NOITA	35. (	Overpa	yment Do	nation									Г				
					ortion of		ment m	ay be				oblem Sc	-		35a.		<b>                                   </b>		
			dona	ated to	any fund					$\vdash$		cholarship			35b.				Т
	Homeless Assistance 35c. 35																		
	36. Am	ount of Overp	ayment to	be cr	edited for	ward to	2011							Ar	mount of cr	edit to 201	11 >> 36		
	37. Am	ount of Overp	ayment to	be re	funded (F	or direc	t depos	it mark	refund b	ox on lin	e 38 and	d complete	e line 38	3 a, b & c.)	Refu	und amour	nt >> 37		C
	38. RE	FUND ONLY D	Direct dep	osit ref	unded				_						Ref	und - Dire	ct deposit		
		a. Routing nu	mber																
		h Account n	ımber	i		$\overline{\Box}$		i				П		0 Tues	e of accour	nt.	Chacking	Savings	
	1	b. Account no	TILIDE!	- 1	1							1	1	c. typ	טו מטטטעו	11.	Checking	Savings	

Date of birth Regular 65 & over Blind Dead Parm disabled para-fheminy quadriplegic Box A. Number of Box A Spouse	<u> </u>														
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Date of birth Regular 65 & over Blind Deaf para-phemid-quadriplegic quadriplegic qu	EXEN	IPHONS	SCHEDUL	<u> </u>											
You		Da	ate of birth	Regular	65 & ov	er Bl	ind Dea		para-/he	emi-/					
You Check box if you can be claimed as a dependent on another person's tax return  Spouse Check box if spouse can be claimed as a dependent on another person's tax return  Dependents  First name Last Name Social security number Relationship Date of birth dependents claimed on federal return (list to the left)  Box B. Number of dependents claimed on federal return (list to the left)  Box C. Total number of exemptions (add the numbers in Box A and Box B)  ADDRESSES WHERE TAXPAYER AND/OR SPOUSE RESIDED DURING TAX YEAR  ADDRESS (INCLUDE CITY, STATE & ZIP CODE)  FROM TO MONTH DAY MONTH DAY  ADDRESS (INCLUDE CITY, STATE & ZIP CODE)  T = Taxpayer S = Spouse B = Both  THIRD-PARTY DESIGNEE  Do you want to allow another person to discuss this return with the Income Tax Department? Yes. Complete the following. No. ( )  DESIGNEE'S NAME  Phone Personal identification number (PIN)  No. ( )  T = Taxpayer S = Spouse B = Both  THIRD-PARTY DESIGNEE  Do you want to allow another person to discuss this return with the Income Tax Department? Yes. Complete the following. No. ( )  T = Taxpayer S = Spouse B = Both  THIRD-PARTY DESIGNEE  Do you want to allow another person to discuss this return with the Income Tax Department? Yes. Complete the following. No. ( )  T = Taxpayer S = Spouse B = Both  TAXPAYERS SIGNATURE - If joint return, both spouses must sign. Date Taxpayer's occupation Daytime phone number ( )  TAXPAYERS SIGNATURE - If joint return, both spouses must sign. Date Spouse's occupation Daytime phone number ( )  SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date Fig.	You							]	Ė	J				f E	3ox A
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First name	Spouse	Chec	k box if spouse ca	an be clai	med as a d	lepender	nt on anoth	ner per	son's tax	return					
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SIGN HERE ===> SPOUSE'S SIGNATURE Date Spouse's occupation  Please provide email address if you would like us to contact you via email:  SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date					, ,					-	-		-		
SIGN HERE ===>	===>	TAXPAYER'S	SIGNATURE - If join	t return, bo	th spouses r	nust sign.	Date		Taxpayer	's occupati	ion	1,		ne nu	mber
Please provide email address if you would like us to contact you via email:  SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date	HERE	HERE SPOUSE'S SIGNATURE				Date		Spouse's occupation		, ,					
SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date	/	<u> </u>					1		l						
SIGNATURE OF PREPARER OTHER THAN TAXPAYER  Date  EIN  Preparer's phone number ( )  Firm's name (or yours if self employed), address and ZIP code	Please pro	ovide email ad	dress if you would li	ke us to co	ntact you via	email:									
Firm's name (or yours if self employed), address and ZIP code		SIGNATURE	OF PREPARER OTH	ER THAN	TAXPAYER		Date		EINI						
Firm's name (or yours if self employed), address and ZIP code	ir's Re							EIN		s phone n	ne number (				
S G B G G G G G G G G G G G G G G G G G	ATU	Firm's name	(or yours if self empl	oyed), add	lress and ZIP	code code			1		- )				
	PREP SIGN.														

Taxpayer's name

FORM L-1040, PAGE 2

MAKE CHECK/MONEY ORDER PAYABLE TO: LANSING CITY TREASURER.
MAIL PAYMENTS TO: LANSING CITY TREASURER
P.O. BOX 40752
LANSING, MI 48901

MAIL **REFUND & ZERO** RETURNS TO: INCOME TAX OFFICE G-29 - CITY HALL 124 W MICHIGAN AVE LANSING, MI 48933

Taxpayer's SSN

2011	CITY OF I QUARTERLY STATEM For Calendar Year 2011	VOUCHER NO. <b>4</b>	Due Date January 31,	•	
SOCIAL SECU	RITY NUMBER	EMPLOYER I.D. NUMBER			
TAXPAYER'S N	AME AND ADDRESS	MAKE CHECKS PAYABLE TO:  TREASURER, CITY OF LANSING	Estimated Tax	\$	00
		MAIL CHECK WITH <b>VOUCHER 4</b> TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Payment Amount	\$	00

2011	CITY OF LANS QUARTERLY STATEMEN For Calendar Year 2011 or F	VOUCHER NO. 3	Due Date September 30, 2011		
SOCIAL SECU	RITY NUMBER	EMPLOYER I.D. NUMBER			
TAXPAYER'S N	IAME AND ADDRESS	MAKE CHECKS PAYABLE TO:  TREASURER, CITY OF LANSING	Estimated Tax	\$	00
		MAIL CHECK WITH <b>VOUCHER 3</b> TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Payment Amount	\$	00
				1	

2011	CITY OF LA QUARTERLY STATEME For Calendar Year 2011 or	VOUCHER NO. 2	Due Date June 30, 2011		
SOCIAL SECU	RITY NUMBER	EMPLOYER I.D. NUMBER			
TAXPAYER'S N	IAME AND ADDRESS	MAKE CHECKS PAYABLE TO:  TREASURER, CITY OF LANSING  MAIL CHECK WITH VOUCHER 2 TO:	Estimated Tax	\$	00
		INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Payment Amount	\$	00

2011	QUARTERLY STATEMEN	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2011 or Fiscal Year Ending				
SOCIAL SECU	RITY NUMBER	EMPLOYER I.D. NUMBER				
TAXPAYER'S N	IAME AND ADDRESS	MAKE CHECKS PAYABLE TO:  TREASURER, CITY OF LANSING  MAIL CHECK WITH VOUCHER 1 TO:	Estimated Tax	\$	00	
		INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Payment Amount	\$	00	

L-1040PV

## CITY OF LANSING INCOME TAX PAYMENT VOUCHER

Due Date April 30, 2011

TAX YEAR 2011	DUE DATE APRIL 30, 2011	SOCIAL SECURITY NUMBER or EMPLOYEE I.D. NUMBER	INCOME TAX PAYMENT	DOLLARS	CENTS 00
	TAXPAYER'S NAME AI	Т	MAKE REMITTANCE PAYABI REASURER, CITY OF LA WITH RETURN AND PAYME Lansing City Treasu	NSING ENT VOUCHER TO:	
			P.O. Box 40752 Lansing MI 48901		